

Name of disabled person

Social security number

SGA WORK SHEET

(Used when gross earned* income is over the current SGA amount.)

1. Earned Income

- a. Gross average monthly earnings \$ _____
- b. Payment in kind (e.g., room and board) which is **not** a condition of employment (use current market value) _____
- c. Other _____
- d. **TOTAL GROSS EARNINGS** (add a, b, and c) \$ _____

2. Impairment-Related Work Expenses (IRWEs)
(see MEPM, Article 22, 22C-2)

- a. Attendant care services \$ _____
- b. Transportation costs _____
- c. Medical devices _____
- d. Work-related equipment _____
- e. Prosthesis _____
- f. Residential modifications _____
- g. Routine drugs and routine medical services _____
- h. Diagnostic procedures _____
- i. Nonmedical applications and devices _____
- j. Assistants (e.g., if visually impaired, cost to hire reader) _____
- k. Other items and services _____

3. **TOTAL IRWEs:** Add (total of 2a through 2k) \$ _____4. **TOTAL SUBSIDY** (e.g., some employers employ disabled persons and subsidize their wages by paying them the same wages as a nondisabled employee though they may be performing less strenuous work, or working less hours) (from MC 273, number 7) \$ _____5. **NET COUNTABLE EARNINGS** (subtract 3 and 4 from 1d) \$ _____

- Are current countable earnings greater than \$ _____? ☐ Yes ☐ No
(Insert current SGA amount)
- If the answer is No, send a disability referral to SP-DAPD. In Item 10 of the MC 221, Disability Determination and Transmittal, write in "No SGA issue." Attach copy of MC 272 to the MC 221.
- If the answer is Yes, the client is engaging in SGA. Deny the disability claim. (Evaluate client for the Working Disabled Program.)

***NOTE:** Income information obtained from completed MC 273 (Work Activity Report).

Eligibility Worker signature

Worker number

Date completed